12030824947

FEC FORM 1

STATEMENT OF ORGANIZATION

RECEIVED

2012 JUL -2 AM 10: 49

FEC MAIL GENTER

NAME OF COMMITTEE (in full)		(Check if name is changed)	Example:If typing, type over the lines.	12FE4M	5 carin mili maritanan
L. COMMITT	-e.e.	to ele	CH: JI-BOWMA	10111	
					
ADDRESS (number and street)		5,0,4, Wab	ash Ave		11,11,11
(Check if address				1111	
is changed)	169	fayette		V V	47905-1049
		(CITY	STATE	ZIP CODE
COMMITTEE'S E-MAIL ADDRES	SS (Plea	se provide only one e-	mail address)		
green (Otto ale if a delegan	L	JBowman	PG MSn.Co	m . , , , ,	
(Check if address is changed)	L	1 1 1 1 1		<u> </u>	
COMMITTEE'S WEB PAGE ADD)RESS I	(URL)	e e e e e e e e e e e e e e e e e e e		
(Check if address is changed)	<u></u>				
, is triainged/	نانا			- 	
2. DATE 04 10 2012					
3. FEC IDENTIFICATION NU	JMBER	C	e consequence de servicio de la consequenció del consequenció de la consequenció de la consequenció de la consequenció de la consequenció del consequenció de la consequenció		
4. IS THIS STATEMENT	NE	EW (N) OR	AMENDED (A)		
I certify that I have examined the	is State	ment and to the best	of my knowledge and belief	it is true, corre	ect and complete.
Type or Print Name of Treasure	r	Joe Bo	wman		
Signature of Treasurer	1	or Bon		Date	9 10 2612
			may subject the person signing		to the penalties of 2 U.S.C. §437g.
Office Use Only			For further information Federal Election Commis Toll Free 800-424-9530		FEC FORM 1 (Revised 02/2009)

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TYPE OF COMMITTEE						
Candidate Committee:						
(a) This committe	e is a principal campaign committee. (Complete the candidate information below.)					
WORKS.	This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)					
Name of Candidate	1 1 1 A A A 1 V A 1 V A A A A A A A A A					
Candidale Party Affiliation	Office State Senate President District 04					
(c) This committee	e supports/opposes only one candidate, and is NOT an authorized committee.					
Name of Candidate	De Bowman					
Party Committee:						
(d) This committee	(National, State (Democratic, etc.) Party.					
Political Action Comm	ittee (PAC):					
(e) This committe	e is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:					
Corpo	oration Corporation w/o Capital Stock Labor Organization					
Mem	bership Organization Trade Association Cooperative					
	In addition, this committee is a Lobbyist/Registrant PAC.					
ຳ ຄຸ ຄ	This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)					
In add	ition, this committee is a Lebbyist/Registrant PAC.					
In add	ition, this committee is a Leadership PAC. (Identify sponsor on line 6.)					
Joint Fundraising Rep	resentative:					
	e collects contributions, pays fundraising expenses and disburses net proceeds for two or more political ganizations, at least one of which is an authorized committee of a federal candidate.					
	e collects contributions, pays fundraising expenses and disburses net proceeds for two or more political ganizations, none of which is an authorized committee of a federal candidate.					
Committees Participating in Joint Fundraiser						
1.	FEC ID number					
2.	FEC ID number					
3.	FEC ID number					
4.	FEC ID number C					

Write	or Type Committee Name	•				
Committee to elect J. Bowman						
6. Nai	6. Name of Any Connected Organization, Affiliated Committee, Joint Fundralsing Representative, or Leadership PAC Sponsor					
Ш						
Mai	iling Address					
		La Flayethe 1	1111 1111	42905-1049		
		CITY	STATE	ZIP CODE		
Rel	Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor					
	stodian of Records: Ide	ntify by name, address (phone number	optional) and position of the p	erson in possession of committee		
Full Name $[50c]$ $Bowman$						
Ma	iling Address	SO4 Wabash	, Av. C			
		Ka fayette.	I.N	47905-1049		
Title	e or Position	СПУ	STATE	ZIP CODE		
L	Candidat	rei i I I I I I I I I I I I I I I I I I I	Telephone number 7	65-142-4135		

Page 3

FEC Form 1 (Revised 02/2009)

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8.

Treasurer: List the name a any designated agent (e.g.,	nd address (phone number optional) of the treasurer of the committee; and the name and address of assistant treasurer).
Full Name of Treasurer	OR, BOUMAN,
Mailing Address	Soft Wabash Ave
	Lafayuttu 11N 479051-1049 CITY STATE ZIP CODE
Title or Position	Telephone number 7,65 - 7,4,2 - 14,1,3,5

CITY

STATE

ZIP CODE

Page 4

FEC Form 1 (Revised 02/2009)

Full Name of

Mailing Address

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Delivery Confirmation™ or Signature Confirm	nation™ Label	
USPS Express Mail	Postmarked	
Postmark Illegible		
No Postmark		
Overnight Delivery Service (Specify):	Shipping Date	
Next Business	Day Delivery	
Received from House Records & Registration Office	Date of Receipt	
Received from Senate Public Records Office	Date of Receipt	
Received from Electronic Filing Office	Date of Receipt	
Other (Specify):	ceipt or Postmarked	
Amp	7/2/12	
PREPARER (3/2005)	DATE PREPARED	